POSITION	INITIALS	ID NO.	DATE
ati a	~	Z	
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	1/2/01
FORMALITY REVIEW	55	5087)	01-11-01
RESPONSE FORMALITY REVIEW	Mitt	675	03-21-0

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeai
÷	Restricted	0	Objected

÷ Restricted 0 Objected									
Claim	Date	Claim Date	Claim	Date					
334 3		Claim Date	Final						
Finel Drightel		Original Original Original Original	Final						
- (10	<del>                                     </del>	51 _ N	101						
211		52	102						
3		53	103						
4		54	104						
5		69	105						
6		56 57	106	<del></del>					
8 1	<del>                                     </del>	58	108	<del>-   -   -   -   -   -   -   -   -   -  </del>					
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<del>                                     </del>	59	109						
10	<del>                                      </del>	60	110						
11 1	<del>                                      </del>	61	111						
13/12		62	112						
13		63	113						
14		64	114						
15		65	115						
16		66	116						
17		67	117	<del></del>					
18		68	119						
19	<del></del>	70	120						
20		\_ <del>\_\_\_\_\_\</del>	121	┝┝┼┼┼┼┼┼					
21	<del>                                     </del>	71 72	122						
23	<del>                                     </del>	73	123						
24	<del>-}                                    </del>	74	124						
25	<del>                                      </del>	75	125						
26		76	126						
27		77	127						
28		78	128						
29		79	129						
30		80	130						
31	<del>                                     </del>	81 82	131	<del></del>					
32 33	<del></del>	83	133	<del>├╶┤</del> ╌ <del>╎╶┤</del> ╌ <del>┩╸</del> ┫					
34 1	<del>                                     </del>	84	134	<del></del>					
35	<del></del>	85	135						
36	<del></del>	86	136						
37		87	137						
38		88	138						
39		89	139						
40		90	140						
4N    V		91	141						
CAZO N		92	142	<del>                                     </del>					
43	<del></del>	93	143						
44	<del></del>	94	144	<del>                                     </del>					
45 46	<del></del>	95 96	145						
47	<del>++++</del>	97	147	<del>                                     </del>					
48	<del>┤ ┤ ┤ ┤ ┤ ┤ ┤</del>	98	148	<del>                                     </del>					
49	<del>                                     </del>	99	149	<del> - - - - - - -</del>					
50 J		100	150						

If more than 150 claims or 10 actions staple additional sheet here